Medical Care Advisory Committee

Minutes of Meeting July 17, 2014

Participants

Committee Members Present:

Lincoln Nehring, Mauricio Agramont, Steven Mickelson, Jackie Rendo, Danny Harris, Andrew Riggle, Donna Singer, Mark Brasher, Mark Ward, Debra Mair, Michael Hales

UDOH Staff:

Gail Rapp, John Curless, Jason Stewart, Heidi Oliver, Rick Platt, Jeff Nelson, Kolbi Young, Tonya Hales, Emma Chacon, Shandi Adamson, Summer Perkins, Josip Ambrenac

Audience:

Kris Fawson, Todd Wood, Doug Springmeyer, Robin Muck, William Cosgrove, Brian Colvin, Lisa Gillespie, Jennifer Dailey, Joyce Dolcourt, Haylee Hunsaker

Welcome

Lincoln Nehring called the meeting to order at 1:30 pm. This will be Lincoln's last meeting as chairperson. Russ Elbel will take over next month.

Minutes

Jackie corrected the minutes to mention that her concerns are primarily people with behavioral illness exiting jail. The minutes were approved as corrected.

Voting on Funding Priorities

Lincoln asked for any questions before we vote.

Mark Ward asked to clarify the Medicaid Expansion. He mentioned that this will actually be a zero cost or a savings item, even though it's being presented as a building block.

Mark pointed out that some of these categories should be included in the consensus estimate, and that some are continuations of one-time funding. He proposed that the consensus items be ranked separately. Michael said that, as we go through and talk about this, we should mark the consensus items. Lincoln asked what the implications would be of including things in the consensus estimates. Mark said that the Governor's budget has consisted only of those things in the consensus. The Legislature has included the consensus estimates in the base appropriations.

Mark said that the Transition Program, ACO Inflationary Increase, and Medicare Outpatient Hospitals would be the items appropriate for consensus. The cost-to-continue items are ACO admin costs, nursing homes, and maintain ACA Premium Tax in ACO premium rates.

Since changes to this process may be confusing and some committee members had already submitted ballots, the committee agreed to rank the proposed items by priority from 1-19.

Mark Ward spoke to the ACA admin increase. The idea of moving to an ACA model was to keep our per-member-per-month cost below the general fund growth. Increasing the admin cost to 10% as proposed will keep the rates below general fund growth.

Mauricio spoke to the proposal to eliminate the 5-year bar for immigrants. He said that the first five years are the time when we should be helping immigrants become stable and functional. It will also help us reduce costs in emergency rooms.

Donna said that the home care employees who could set up med minders and give injections need to be certified to provide that service. It was clarified from last meeting's minutes that the proposal specified registered nurses.

Mark also spoke regarding having outpatient hospital reimbursement consistent with Medicare. The initial intent was to have Medicaid rates pay based on a percentage of the Medicare charge. Without a funding increase, the net effect to providers would be a decrease.

The committee took five minutes to fill in the ballots and Josip tabulated the results.

Election of Vice Chair

Rylee Curtis, Danny Harris, Debra Mair, Andrew Riggle, and Donna Singer were nominated for vice chair. Committee members were asked to turn their paper ballots in to Josip to tabulate by the end of the meeting.

Budget Update

Rick Platt gave his monthly budget update. The information has been posted to the MCAC website. The change for the fiscal year was a 6.9% increase in Medicaid enrollments.

Jackie asked why there might have been a decrease in enrollment this month. Rick said that we typically see decreases in June, then the numbers reverse in August. Jeff Nelson said that there have been problems in the eRep system that affected the Aged, Blind, and Disabled populations. The fix is in process and DWS will reinstate any individuals whose cases were inadvertently closed. Andrew said that he has been terminated by the system twice. He was reinstated the next day in one case and two or three days later in the other.

Steven asked about the CHIP kids who were expected to transition. Michael said that we anticipated 20,000 would transition, and most of them transitioned in January, February, and March. We have accounted for everyone who was expected to transition. Donna said that the more detailed "Michael Deily Chart," which shows all aid categories for the last 12 months, would be helpful.

Steven asked if we had met our enrollment projections from ACA. Rick said that we expected a lot more. Michael said that 5K to 7K individuals have come on Medicaid as a result of ACA. Without ACA, we would have projected a 2% decrease in enrollment because of the more robust economy in Utah.

Rulemaking

Craig was unable to attend this meeting, so he will report to the committee next month.

SIM Grant Update

Iona Thraen was not present. This agenda item was postponed.

PCN Application Update

Kevin Burt was unable to attend, but he provided a written update. Steven read from the report that 28,000 individuals applied for assistance, and 3,700 individuals were enrolled in PCN. It was clarified that these were the total applications DWS received for the month, regardless of the program. Also noted was that when a family applies for Medical coverage, they do not apply for a specific program, DWS reviews eligibility for all possible programs. Based on data provided, there were about 5,000 applications in June beyond the normal volume. Michael said that we have a cap of 25,000 individuals on PCN under the waiver, and a budget target of 18-19K individuals. The PCN open enrollment continues to be ongoing and DWS continues to accept applications. Mark Ward asked whether PCN cases are included in the Cases Served report. Michael said that they are excluded.

PRISM Update

Jason Stewart reported. The information has been posted to the MCAC website.

PRISM is our MMIS Replacement Project. We have three major phases. The first is design, development, and implementation. This phase began last year and goes through March 2017. We will have four releases. The first release was on March 30 and included our website and the eligibility portal. The second release will be the HealthBeat Dashboard in August. The third will be the Provider Portal, and the fourth will be any remaining pieces.

Utah will run its own Medicaid system. We will need to get DTS familiar with the system as the vendor implements it so they will be ready to take over.

In the first release, we implemented a new Content Management System for the Medicaid website, added greater search functionality, and updated the look and feel. We also came out with the eligibility lookup tool. The new Medicaid cards went out in July, and the lookup tool gives providers the ability to look up the client's eligibility information. Steven asked whether we resolved the missing digit problem, and Jason said we did.

We had a few outages that each lasted about five minutes. We've had good feedback from both the website and lookup tool.

Michael said that we would like to have a few early users for the provider portal. It will be released October 2015. Jason said we are ramping up provider outreach. That helped a lot during the rollout of release 1.

Lincoln asked whether this project was funded. Michael said that there is still money needed and we will include this in our budget requests. Some of the money for this year is tied to whether DWS achieves savings targets. We have about $5-7 million to request as we go.

Director's Report

Michael Hales reported on the SIM grant. SIM stands for State Innovations Model. Our state participated in the design phase of a SIM grant where we identified challenges in our system. The grant will be for

$66 million over 4 years. We are competing against other states. Our key proposals: Improving behavioral health integration; reducing diabetes, obesity, and tobacco; advance care planning; and value-based care funding strategies. This is intended to be a multi-payer approach. We would engage Medicare and some of our commercial payers. We're talking about $15-17M per year. We submit our proposal on Monday. The announcement of the winners should be October 1, and we hope to have the money by January 1, 2015 if selected. After we submit the proposal, we can summarize it for interested members of the public.

Medicaid Expansion

We're hoping for a decision in the not too distant future. 9 months would be our implementation timeline after we get a decision. If we have legislative approval that lines up with the negotiation with CMS, we could move forward with the implementation. The Department of Insurance is already working with commercial insurance plans for 2015 without any sense that a Medicaid expansion will happen. One of the biggest complexities introduced by the federal government is figuring the out of pocket maximum on a quarterly basis. That will end up being a big system change for everyone. The Bridge Plan would take several weeks to a few months.

The non-traditional product we have is very close to a benchmark package. The closer we can keep our bridge solution to the non-traditional Medicaid, the faster we could implement.

Jackie asked Michael to clarify the term "medically frail." Michael said that the "medically frail" category is a statutory requirement. Individuals in this group are required to be given access to traditional Medicaid, but we also want them to have access to the premium assistance plan. Jackie asked what the criteria would be to be medically frail. Michael said that we would not narrow the scope of medically frail from ACA.

Lincoln asked whether court-ordered services would be covered. Michael said that we will educate clients on getting the services they need beyond the core commercial plan. Michael acknowledged that court-ordered services are an important issue, as are other niche issues. Lincoln asked about EPSDT for 19 and 20 year olds and network adequacy for children. He said that two major carriers don't have pediatric providers for all services and don't contract with Primary Children's Hospital. Michael said that the expansion targets individuals 19-64, but there will be an option for families to add their children to their commercial plan. He said our plan includes education of the family. He pointed out that families would have the opportunity to opt their children back into traditional Medicaid if their commercial plan is inadequate.

Dr. Cosgrove asked about the work requirement for Medicaid. Michael said that there are quite a few exemptions for existing work requirement programs. Some clients who will be applying for the expansion are waiting up to 2 years for a disability determination. Work is not likely to be a condition of enrollment, but it will be tied to incentives. For example, we could take work incentive funds and put them in a health savings account for the individual. CMS doesn't think they can approve a program that includes a work requirement, but it's important to the State to encourage people to work.

Voting Results – Funding Priorities

Having tabulated the voting results, Josip read the Committee's priorities in order:

Rank	Topic	Description of Issue
1	Adult Dental Coverage	Lack of coverage can allow issues that could be resolved with preventative care treatment to escalate in severity. In addition, treatment for dental issues may assist job seekers.
2	Medicaid Adult Expansion (administrative costs)	Recommendation to participate in the optional expansion populations utilizing the Governor's Healthy Utah Plan or another alternative. While Federal funding pays for the services delivered for optional expansion populations, the costs associated with the administration of these new recipients is not included.
3	Travis C./Tech Dependent Waiver	Request to increase the size of the program from the current 130 individuals to 140. This waiver serves individuals ages 0-20 who have an assistive technology device. (Ventilators; tracheostomy-based care; Continuous/Bi-level Positive Airway Pressure machines; Central Lines, etc.)
4	Adult Vision Coverage	Request to re-instate vision benefits for Adults on Medicaid. Currently there is no coverage for frames/lenses only for eye exams.
5	Increased Funding for the Aging Waiver Program	The Aging waiver program helps provide seniors care in the community that helps to prevent/delay their entry into facility-based care. The request is to fully fund the existing waiting list.
6	Transition Program	Program provides funding to allow individuals who are residing in an Intermediate Care Facility for Intellectual Disabilities (ICF/ID's) the opportunity to move to one of the 1915(c) Home and Community-Based Waivers and reside in a less restrictive environment.
7	Katie Beckett/TEFRA Option	This program would allow medically complex children the ability to live in their homes instead of receiving facility-based care. Currently, in order to qualify for one of the State's HCBS waivers, children either have to have an intellectual disability (and be selected from the waiting list) or meet the level of care for the Tech Dependent waiver.
8	12-Month Continuous Eligibility for Children on Medicaid	Recommendation to adopt similar policy as the CHIP program allowing children found eligible for Medicaid to remain on the program for a 12-month period.
8	Reinstatement of Medicaid Benefits when Individuals Discharged from Correctional Facilities	Suspension (instead of termination) of Medicaid benefits for those in the correctional system or a more streamlined system to get coverage reinstated after release.
10	Elimination of 5-year Bar for Legal Immigrants to Receive Medicaid	Currently, most resident aliens legally residing in Utah are subject to a 5-year period in which they are not eligible to receive Medicaid services. The State has the option to reduce or remove this requirement.
11	Funding for Medicaid ACO 2% Inflationary	The Legislation that created the ACOs indicated that the budget for ACOs would grow less than the annual rate of general fund growth

	Increase	on a per member per month basis.
12	Discharges from the State Hospital/ Developmental Center for Individuals with Mental Health Conditions/Intellectual Disabilities	Individuals at the State Hospital/State Development Center are unable to transition back to the community when a mental health/intellectual disability dual diagnosis is present due to lack of DSPD funding.
12	Maintain ACA Premium Tax in ACO rates	In FY2015, Medicaid ACOs received one-time funding of approximately $2M to offset the ACA tax on managed care entities. The request is to make the $2M an ongoing amount.
14	Inflation for Outpatient Hospital PPS to keep current with Medicare	This appropriation would keep Medicaid OPPS reimbursement consistent with the Medicare reimbursement methodology.
15	Make Nursing Home Rates Ongoing	In FY2015, Medicaid nursing homes received a rate increase received from one-time funding. The request is to make the $2M that was appropriated an ongoing amount.
16	Expansion of Physician Residency Funding	Where a physician serves their residency is a key indicator on where they will practice. In order to attract and retain physicians in the State, an expansion of the residency program is being requested.
17	ACO Request to Have Administration Expenses Increased to 10%	Request is to increase the administration cost factored into the ACO contracts.
18	Inflation for Inpatient Hospital Fee-For-Service payments	While ACO payments do have inflation acknowledged, payments for fee-for-service clients have not had increases in several years.
19	Personal Care Agency Nurses	Request to allow home care nurses to set up medication reminder systems and give simple injections.

Voting Results – Vice-Chair

The new Vice-Chair will be Andrew Riggle.

Adjourn

With no further business to consider, the meeting adjourned at 3:10 pm.